

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
101795,156

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		X			
2		/	X			
3		/	X			
4		/	X			
5	/		X			
6		/	X			
7		/	X			
8		/	X			
9		/	X			
10	/		X			
11	/		X			
12		/	X			
13	/		X			
14	/		X			
15	/		X			
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Total Indep	12		5			
Total Depend	8		0			
Total Claims	20		5			

* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
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100						
Total Indep						
Total Depend						
Total Claims						

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Lance claims 1-20
Add new clms 21-25